

**Exhibit I
Medical File
Inmate Request Slip dated May 15, 2006**

Lee County Detention Center
INMATE REQUEST SLIP

F-1**LOCATION**Name ANTONIO MARTINEZDate 05-15-06 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem OtherBriefly Outline Your Request. Give To Jailer GRIEVANCE NURSE STEWART

I AM NOT RECEIVING MY SALT LIKE
I NEED IT. I AM ONLY ABLE TO
GARGLE 2X30 DAILY, AND IT'S NOT ENOUGH
MY MOUTH IS BEGINNING TO GET DRY
SOCKETS. I THANK YOU FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

5/15/06, Salt given no
more, 11

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)